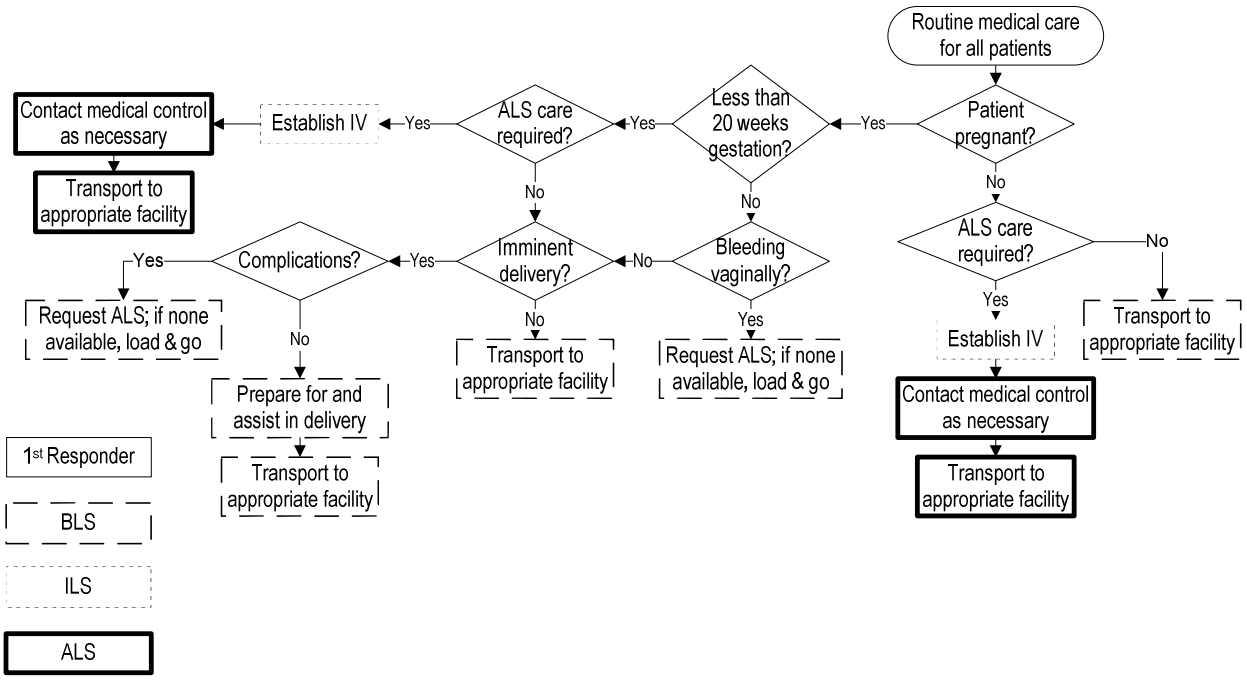
Initiated: 9/92	**MILWAUKEE COUNTY EMS STANDARD OF CARE**	Approved by: Ronald Pirrallo, MD, MHSA
Reviewed/revised: 7/1/11		
Revision: 6	**OB/GYN COMPLAINT**	Page 1 of 1

History:	**Signs/Symptoms:**	**Working Assessment:**
Pregnancy Due date Problems during pregnancy Prenatal care Previous obstetrical history	Vaginal bleeding, discharge Abdominal pain or cramping Contractions Ruptured membranes Crowning Hypertension with or without seizures	Vaginal bleed Placenta previa Abruptio placenta Spontaneous abortion Ectopic pregnancy Labor Eclampsia



NOTES:

- Pregnant patients experiencing any of the following complications must be transported by ALS:
  - Excessive bleeding;
  - Amniotic fluid contaminated by fecal material;
  - Multiple births, premature imminent delivery;
  - Abnormal fetal presentation (breech);
  - Prolapsed umbilical cord.
- If the response time for an ALS unit *already requested* for a complication of pregnancy is longer than the transport time, the BLS unit may opt to load and go to the closest appropriate facility.
- Unstable newborns with a pulse less than 140 or flaccid newborns or with a poor cry are to be transported to the closest neonatal intensive care unit by an ALS unit.
- Patients at term should be transported on their left side, taking the pressure of the baby off the aorta and vena cava, improving circulation.
- Whenever possible, mother and newborn should be transported together to the same hospital, preferably where prenatal care was obtained.
- A patient at less than 24 weeks gestation will most likely be evaluated in the ED, not sent up to L&D. If the hospital where she received prenatal care is closed and the patient is at less than 24 weeks gestation, transport to an open ED.